

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Acknowledgment of Nursing and Lactation Break Accommodation

Dear [Employee Name],

This letter is to formally acknowledge and approve your request for lactation accommodations in the workplace. [Company Name] is committed to supporting our employees who are nursing and will provide the necessary time and space as required by law.

1. Break Schedule:

You are entitled to reasonable break times to express milk. We have agreed upon the following tentative schedule: [Insert Schedule, e.g., 10:00 AM and 2:00 PM]. Please coordinate with your supervisor if these times need to be adjusted based on operational needs or your personal requirements.

2. Designated Location:

A private, secure space has been designated for your use located at: [Insert Room Number/Location]. This space is shielded from view and free from intrusion by coworkers and the public.

3. Equipment and Storage:

The designated area includes [Insert Amenities, e.g., an electrical outlet, a chair, and a table]. You may store expressed milk in [Insert Storage Details, e.g., the breakroom refrigerator or a personal cooler].

4. Duration:

These accommodations will remain in effect for up to [Insert Duration, e.g., one year] following the birth of your child, or as otherwise requested by you.

If you have any questions or if the current arrangements need to be modified, please contact [HR Name/Supervisor Name] at [Phone/Email].

Sincerely,

[Signature]

[Name of HR Representative/Manager]

[Title]